

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003357

FILED
Apr 22, 2009
Secretary of State

Entity Name: FIVE FOLD UNIVERSAL MINISTRIES, INC.

Current Principal Place of Business:

601 WHITEHURST STREET
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

PO BOX 93187
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 80-0200657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, PEARLIE
601 WHITEHURST STREET
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUTLER, PEARLIE
Address: 26615 SW 137 CT
City-St-Zip: HOMESTEAD, FL 33032

Title: V () Delete
Name: WILSON, MARTHA
Address: 601 WHITEHURST STREET
City-St-Zip: LAKELAND, FL 33805

Title: T () Delete
Name: RICHARDS, CHOKO
Address: 601 WHITEHURST STREET
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEARLIE BUTLER

PAST

04/22/2009

Electronic Signature of Signing Officer or Director

Date